

# **Specialized Behavioral Health Services for Children and Youth**



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**Crisis Services**  
Crisis Intervention

**Services by other licensed practitioners (OLP)**

Outpatient Therapy by licensed practitioners  
Psychiatric Services

**Rehab Services**

Community Psychiatric Support and Treatment (CPST)  
Psychosocial Rehabilitation (PSR)

**Intensive In-Home EBPs**

*(Sub-type of CPST)*  
Multisystemic Therapy (MST)  
Functional Family Therapy (FFT)  
Homebuilders (HB)  
*Assertive Community Treatment (ACT) age 18+*

**Coordinated  
System of Care**

Wraparound Care  
Coordination  
Specialized Services

**CSoC Specialized Services:**

- Crisis Stabilization
- Independent Living Skills
- Short-term Respite
- Parent Support and Training
- Youth Support and Training

**Residential  
Treatment**

TGH  
PRTF

**Residential:**

TGH: Therapeutic Group Home  
PRTF: Psychiatric Residential Facility

**Acute  
Hospitalization**

**Specialized  
Behavioral  
Health Services  
for Children**



# Crisis Services

Crisis Intervention

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**Medicaid Child  
Members Served:  
February 2015**

Crisis Intervention	128
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## Coordinated System of Care

Wraparound Care  
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## Residential Treatment

TGH  
PRTF

## Acute Hospitalization

# Utilization

## Medicaid Child Members Served: February 2015

Outpatient	19,520
CPST PSR	18,493 18,823
MST FFT HB ACT	577 389 33 16
CSoC	1320
TGH PRTF	28 180



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### Residential:

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## Acute Hospitalization

## Crisis Services

Crisis Intervention Crisis Stabilization

# Specialized Behavioral Health Services for Children



## Services by other licensed practitioners (OLP)

Outpatient Therapy by licensed practitioners  
Psychiatric Services

**Individual, family, group outpatient psychotherapy and mental health assessment, evaluation and testing.**

- Provided by LMHPs
  - Licensed Psychologist, LCSW, LMFT, LAC, APRN
  - Some limitations depending on licensure type and scope of practice
- Current practice: Individual therapy, family therapy, and group therapy are authorized for 24 sessions combined per calendar year per member.
- Services which exceed the limitation of the initial authorization must be approved for re-authorization prior to service delivery.



## Services by other licensed practitioners (OLP)

Outpatient Therapy by licensed practitioners  
Psychiatric Services

### **Specialized OLP services: Early Childhood EBPs**

- Evidence-based services for young children, provided by licensed therapists.
- Currently being billed by licensed professionals as individual or family therapy.
- Priority area for DHH's ADHD Initiative: improve alignment with best practices for ADHD treatment, by increasing access to evidence-based behavioral therapy decrease medication use in this age group.

Magellan's Early Childhood Initiative: collaboration with LSU and Tulane to train therapists in all LA parishes in:

Child-Parent Psychotherapy (CPP): addresses trauma in children ages birth to 5.

Parent Management Training (PMT) and Parent-Child Interaction Therapy (PCIT): address disruptive behavior in children ages 2-7.



## Rehab Services

Community Psychiatric Support and Treatment (CPST)  
Psychosocial Rehabilitation (PSR)

- Higher intensity services.
- Increased frequency and duration.
- Often delivered within a youth's home and community.
- May be subject to pre-authorization.

### Psychosocial rehabilitation (PSR):

*Assist the individual with compensating for or eliminating functional deficits/barriers associated with their mental illness, to restore the fullest possible integration of the individual as a member family and community.*

- PSR is a face-to-face intervention with the individual present.
- Delivered by unlicensed professionals with regularly scheduled supervision by an LMHP.
- Initial authorization of up to 750 hours of PSR per calendar year. This authorization can be exceeded when medically necessary through prior authorization for children under EPSDT.
- Services may be provided individually or in a group setting.
- A minimum of 51% of PSR contacts must occur in community locations.



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### Community Psychiatric Support and Treatment (CPST):

*Goal-directed supports and solution-focused interventions intended to develop skills to restore stability, support functional gains and adapt to community living.*

- CPST is a face-to-face intervention with the individual present, and may include family/collaterals as well.
- Practitioners with a master's degree in SW, counseling, psychology etc. may provide all aspects of CPST, including counseling. Other aspects of CPST may be performed by an individual with a bachelor's degree in SW, counseling, psychology etc. or four years of equivalent education/experience.
- Must have regularly scheduled supervision by an LMHP.
- A minimum of 51% of CPST contacts must occur in community locations.





## Intensive In-Home EBPs

(Sub-type of CPST)

Multisystemic Therapy (MST)

Functional Family Therapy (FFT)

Homebuilders (HB)

### **Specialized CPST: EBPs for high-risk youth**

- Legacy EBPs: Prior to the LBHP, funded by OJJ and DCFS; the child-serving agencies maintain a particular interest in these services.
- Youth with high needs, at-risk for out of home placement.
- Services engage youth and families within the home.
- Evidence-based for outcomes such as reducing symptoms (including substance use), improving family functioning, and preserving home and community placement.
- Providers must be part of a team/agency that has received specialized training and certification in the evidence-based practice.
- Fidelity is assessed.



## Intensive In-Home EBPs

*(Sub-type of CPST)*

Multisystemic Therapy (MST)  
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**Multi-systemic therapy (MST):** intensive home/family and community-based treatment for youth who are at risk for/returning home from out-of-home placement.

### Target youth:

- Ages 12-17 years
- Significant externalizing behavior, such as chronic or violent juvenile offenses
- Diagnosis of conduct disorder or exhibiting similar symptoms

### Goals:

- increase pro-social behaviors, reduce externalizing behaviors
- Decrease association with deviant peers and increase association with pro-social peers and involvement in positive recreational activities.
- Help caregivers develop effective parenting skills.

### Treatment:

- Individualized behavioral interventions that target specific behaviors.
- 3-6 months on average.
- Sessions at least weekly but often multiple times per week, depending on need.
- Average 60 hours of face-to-face treatment over a 4-month period, as well as about 35 hours of non-direct contact provided to the ecology of the youth
- Services are primarily provided in the home, also in the school and community.



## Intensive In-Home EBPs

*(Sub-type of CPST)*

Multisystemic Therapy (MST)  
Functional Family Therapy (FFT)  
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**Functional Family Therapy (FFT):** Family- and systems-based approach to providing treatment to at-risk youth.

### Target youth:

- between the ages of 10 and 18
- exhibiting significant externalizing behaviors

### Goals:

- reduce intense/ negative behavioral patterns,
- improve family communication, parenting practices and problem-solving skills, and
- increase the family's ability to access community resources.

### Treatment:

- Conducted for three to five months (on average).
- 12-15 sessions, 1-2 hours in length (up to 30 sessions for youth with more complex needs).
- Services occur in the office, family's home and/or community at times that are convenient for the family.



## Intensive In-Home EBPs

*(Sub-type of CPST)*

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**HOMEBUILDERS** is an intensive family preservation services program designed to improve family functioning and children's behavior and to prevent out-of-home placement.

### Target youth/families:

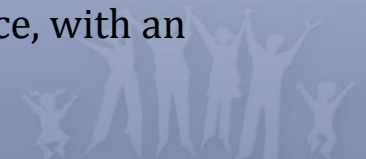
- Children/youth with serious behavioral and/or emotional problems in the home, school, and/or community;
- Family members with substance use problems, mental health problems, poverty-related concerns (lack of adequate housing, clothing and/or food);
- Children/youth who have experienced abuse, neglect, or exposures to violence or other trauma.

### Goals:

- improve parenting skills, family functioning, parent/caregiver and children's behavior and emotion management skill, increase safety of all family members, in order for children/youth to live safely at home.

### Treatment:

- 4-6 weeks of intensive intervention with up to two "booster sessions".
- Therapists serve 2 families at a time and provide 80-100 hours of service, with an average of 38 hours of face-to-face contact with the family.



## Crisis Services

Crisis Intervention **Crisis Stabilization**

- Should be widely available across all non-residential levels of care.
- Intended to reduce ED presentations, inpatient hospitalizations, and residential treatment.
- **Crisis intervention:** Counseling-based, outpatient service
- **Crisis Stabilization:** Out-of-home option (approx. 7 days per episode)
  - Current:
    - Only for CSoC youth, part of 1915c SED waiver.
    - Small referral pool = lack of providers, lack of access.
    - Facility-based only.
  - Proposed to CMS:
    - Expand to all Medicaid youth, to widen referral pool and reduce ED presentations/hospitalizations for all youth.
    - May be facility-based (i.e. DHH licensed Crisis Receiving Center), or
    - May be provided within a Therapeutic Foster Care home (DCFS licensed Child Placing Agency).



**Coordinated  
System of Care**  
Wraparound Care  
Coordination  
Specialized Services

CSoC provides family-driven care planning and specialized services for 2400 of the highest-risk youth in Louisiana, who are in or at-risk for out-of-home placement.

**Key Ingredient: Wraparound Care Coordination**

- Nationally recognized.
- Effective for youth with high needs, high levels of cross-system involvement.
- Works closely with the family, giving them “voice and choice” in developing a comprehensive plan.
- Plan “wraps around” youth and family with:
  - Formal services
  - Natural supports

**Goal: “Whatever it takes” to keep youth safely at home and in their communities.**



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## Wraparound Care Coordination

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## Systems

(Schools, Probation, Child Welfare)

## Natural Supports



## Residential Treatment

TGH  
PRTF

### **Goal:** Reduce unnecessary residential treatments.

Serve children as much as possible within their homes and communities to:

- Preserve families and permanency
- Increase generalization of skill achievement.
- Reduce costs.

### **Goal:** Increase quality of residential programming

- Collaboration vs. Coercion
- Trauma-informed care vs. “managing behaviors”
- Reduce restraints and seclusions
- Deep-level family involvement, family work and preparation.

### **Goal:** “Bridge” smoothly back to home and community

- **Extensive**, Wraparound-style discharge planning, concurrent collaboration with aftercare service providers and family.
- Desired outcome = success in-home 6-12 months post-discharge.





## Residential Treatment

TGH  
PRTF

### **Psychiatric Residential Treatment Facility (PRTF)**

Highest level of residential treatment

Physician-driven, school and services provided on-site.

#### **Identified Gaps:**

- Geographic: more needed near population centers
- Specialty programming to serve particular behavioral/diagnostic needs:
  - highly aggressive behaviors,
  - co-occurring developmental disability needs,
  - co-occurring substance use disorder.



## Residential Treatment

TGH  
PRTF

### **Therapeutic Group Home (TGH)**

- Lower level of residential treatment
- Goal is community inclusion: “typical house” in a neighborhood, attendance at community schools, participation in “mainstream” community activities.
- Therapeutic services focused on building skills needed for community inclusion and return to family home.
- Medicaid pays clinical portion of rate; federal rules prohibit Medicaid payment for smaller, “room and board” portion of rate.



# Questions?

